

The Maine State Aquarium is a 170 C-1 non-profit state organization that receives no tax-payer money. The facility is funded through admission charges, donations, and awarded Federal grant money through the U.S. Fish and Wildlife Sportfish Restoration program.



## Field Trip Assistance Application Form

Fill in all applicable information. Applications must be complete and must be submitted prior to April 15<sup>th</sup>. Visit dates must be requested on weekdays between May 12-June 26 or September 1-Sept 25, 2009. Only Maine public school system, federally subsidized private schools, and head start program applications will be considered. Schools may receive FREE or REDUCED admissions, based on requirement eligibility and the discretion of MSA. Once approved, your visit will be confirmed by an MSA staff member.

Name of School: _____		Date Submitted: ____/____/____	
Check: <input type="checkbox"/> Head Start <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School			
Address: _____		City: _____	Zip: _____
Lead Teacher/Chaperone: _____			Grade(s): _____
Telephone: (     ) _____		Fax Number: (     ) _____	
Contact Email: _____		Alternative Contact Information: _____	
Total School Enrollment: _____		Percentage of currently eligible students for National Free/Reduced Lunch Program: _____ %	
For information on the USDA Child Nutrition programs or eligibility requirements, visit <a href="http://www.fns.usda.gov/cnd/Lunch/">www.fns.usda.gov/cnd/Lunch/</a> .			
Requested Visit Date: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F _____/_____/____		Alternative Visit Date: : <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F _____/_____/____	
Requested Visit Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Alternative Visit Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Purpose of Visit:   			
School would be willing to pay: \$ _____ <input type="checkbox"/> per student <input type="checkbox"/> for group		Estimated Travel Costs: _____	
Returning School? <input type="checkbox"/> YES <input type="checkbox"/> NO		School distance from facility: _____	
If yes, how many years? _____		Additional Info: _____	
Teacher Signature: _____		Principal/Admin Signature: _____	
For Aquarium Management Use Only:			
Approved: <input type="checkbox"/> YES (Free) <input type="checkbox"/> YES (Partial) <input type="checkbox"/> NO If no, reason: _____		Authorized Signature: _____	Date: ____/____/____

For information or questions, please call Aimee at (207) 633-9542.

You can fax this form to (207) 633-9579 with attention to: Aimee Roderiques  
Mail this form to: Maine State Aquarium Reservations, Po Box 8, West Boothbay Harbor, ME 04575